



## BUSINESS RISK ASSESSMENT QUESTIONNAIRE INSTRUCTIONS

The responses given on this form are used to verify your business information. Immediately return the completed form to the initiating program to ensure prompt attention. The questionnaire has ten (10) sections. The following instructions provide a brief description of the information needed in each section. If you need additional space for your responses use the back of this form or add additional paper. If you have any questions, contact the Office of Financial Recovery at a telephone number below.

1. **Business Information:** Indicate the full and legal name as registered with the state of Washington of the sole proprietor, partnership, limited liability company, corporation, association, nonprofit organization, etc. Also list the name you are doing business as (dba). Include both the mailing and street address. If associated with any other organization, list the legal business name(s). If the business leases the property, include the name and address of the legal property owner. If the real property is owned by the business, include the purchase price, monthly payment, and any lien holder.
2. **Sole proprietor/Business Partners/Corporate Officers/Board of Directors:** Enter the name, address, and Social Security Number (SSN) of these individuals. Disclosure of Social Security Numbers (SSNs) is governed by the Social Security Act and is voluntary. When you provide SSNs for those individuals directing business operations, DSHS can assess information that is helpful in making appropriate contracting decisions. The potential impact of services to vulnerable clients cannot be determined without evidence of these identification numbers. No SSN will be disclosed outside DSHS. **Note: Non-profit organizations do not need to include Board members information who do not exercise control of daily operations.**
3. **Administrator/Business Manager:** Enter the name, address, date of birth, and Social Security Number of those individuals who direct the daily operations of your organization.
4. **Business References:** List at least three business names, addresses, and telephone numbers that you purchase goods or services from on open accounts.
5. **Bank References:** Include the location address, type of account, and account number for each reference you list.
6. **Assets:** Estimate the amount of cash available for daily operations. If the business owns real estate, list the tax assessed value. The value of accounts receivable is the amount of money your client currently owes you.
7. **Outstanding Accounts Payable (Liabilities):** Include the original balance, current balance, and the monthly payment, of the debts owed. If any loans are secured by real estate, personal property, etc., please mark yes or no.
8. **Other Information:** Circle Yes or No for the business and individuals for each question. Include the persons listed in Sections 2 and 3 of this questionnaire. If the answer to any of these questions is yes, please explain. You may attach a separate sheet of paper if needed.
9. **Ethics, State Employee Compliance:** Chapter 42.52 RCW, Ethics in Public Service, makes a strong statement of ethical principles and values for state officers and employees: *"State officers and state employees of government hold a public trust which obligates them, in a special way, to honestly and with integrity fulfill the responsibilities to which they are elected and appointed. Paramount in that trust is the principle that public office-whether elected or appointed-may not be used for personal gain or private advantage."* If the answer is yes to these questions, list the requested information.
10. **Applicant's signature:** Only an authorized or designated person is to sign this questionnaire.

Department of Social and Health Services  
Office of Financial Recovery  
Financial Assessments - Vendor Programs Unit  
PO Box 9501  
Olympia WA 98507-9501  
(360) 664-5700 (Olympia)  
1-800-562-6114 (Toll Free)  
1-800-833-6388 (TTY - Hearing Impaired)



## BUSINESS RISK ASSESSMENT QUESTIONNAIRE

<b>BUSINESS RISK ASSESSMENT QUESTIONNAIRE</b>			FEDERAL ID OR SSN	
			UBI #	
LIST THE DSHS PROGRAM OFFICE WITH WHICH YOU ARE PROPOSING TO CONTRACT			CONTACT PERSON	
			TELEPHONE NUMBER	
<b>1. BUSINESS INFORMATION</b>				
LEGAL BUSINESS NAME		STREET ADDRESS		HOW LONG IN CURRENT BUSINESS
DOING BUSINESS AS (DBA)				TELEPHONE NUMBER
MAILING ADDRESS		IS THIS BUSINESS A DIVISION, BRANCH, OR SUBSIDIARY OF ANOTHER COMPANY? IF SO, LIST NAMES OF THOSE COMPANIES.		
FORM OF BUSINESS (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LIMITED LIABILITY COMPANY)				NUMBER OF EMPLOYEES
DO YOU <input type="checkbox"/> OWN <input type="checkbox"/> RENT/LEASE	PAYMENT AMOUNT	LANDLORD OR LIEN HOLDER NAME/ADDRESS		TELEPHONE NUMBER
<b>2. LIST NAME AND POSITION OF SOLE PROPRIETOR/BUSINESS PARTNERS/CORPORATE OFFICERS/BOARD OF DIRECTORS</b>				
NAME/POSITION		HOME ADDRESS/DAYTIME TELEPHONE		SOCIAL SECURITY NUMBER
DATE OF BIRTH				
a.				
b.				
c.				
d.				
e.				
f.				
<b>3. ADMINISTRATOR/BUSINESS MANAGER</b>		<b>HOME ADDRESS/DAYTIME TELEPHONE</b>		<b>SOCIAL SECURITY NUMBER</b>
				<b>DATE OF BIRTH</b>
<b>4. BUSINESS REFERENCES (NAME)</b>		<b>ADDRESS/TELEPHONE</b>		
		<b>HOW LONG KNOWN</b>		
a.				
b.				
c.				
d.				

5. BANK REFERENCES		ADDRESS/TELEPHONE NUMBER		TYPE OF ACCOUNT	ACCOUNT NUMBER
a.	CONTACT:				
b.	CONTACT:				
c.	CONTACT:				
d.	CONTACT:				
e.	CONTACT:				
f.	CONTACT:				
<b>6. ASSETS</b>					
TOTAL OPERATING CASH ON HAND			IF PROPERTY OWNED, TOTAL TAX ASSESSED VALUE		
INCOME FROM OTHER SOURCES (EXPLAIN)				VALUE OF ACCOUNTS RECEIVABLE	
<b>7. OUTSTANDING ACCOUNTS PAYABLE</b>					
WHOM DO YOU OWE?		ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT	IS THIS DEBT SECURED?
a.					<input type="checkbox"/> YES <input type="checkbox"/> NO
b.					<input type="checkbox"/> YES <input type="checkbox"/> NO
c.					<input type="checkbox"/> YES <input type="checkbox"/> NO
d.					<input type="checkbox"/> YES <input type="checkbox"/> NO
e.					<input type="checkbox"/> YES <input type="checkbox"/> NO
f.					<input type="checkbox"/> YES <input type="checkbox"/> NO
g.					<input type="checkbox"/> YES <input type="checkbox"/> NO
h.					<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. OTHER INFORMATION</b>					
TYPE OF ACTION	BUSINESS ENTITY		SOLE PROPRIETOR/PARTNERS/CORPORATE OFFICERS/BOARD OF DIRECTORS/MANAGER/ ADMINISTRATOR		
a. Tax liens filed against (within last 10 years)	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		
b. Lawsuits filed against (within last 10 years)	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		
c. Filed Bankruptcy (within last 10 years)	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		
d. Failed to complete a contractual obligation (within last 10 years)	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		
e. Any business failure (within last 10 years)	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		

#### 9. ETHICS LAW REQUIREMENTS

**Current State Employee.** Is the Contractor, or any of the Contractor's directors, employees who will perform work under a contract between the Contractor and DSHS, managers, members, officers, and/or partners a current State of Washington employee?

☐ YES ☐ NO

If yes, list their names, agency, positions, and dates of employment with the State of Washington.

**Former State Employees.** Is the Contractor, or any of the Contractor's directors, employees who will perform work under a contract between the Contractor and DSHS, managers, members, officers, and/or partners a past State of Washington employee?

☐ YES ☐ NO

If yes, list their names, agency positions, and dates of employment with the State of Washington.

#### 10. APPLICANT'S CERTIFICATION AND AUTHORIZATION

I hereby certify, with my signature, that the information in this questionnaire is true and accurate. My signature also authorizes the Department of Social and Health Services (DSHS) to check the credit of the corporation or business and its principals; to obtain a credit report; and to verify any responses provided. DSHS and its contracting process will use such information and may disclose this information to other parts of DSHS as appropriate to further program purposes. DSHS may define some or all of such information as public information and also disclose this information to third parties when requested according to law to the extent that such information is not exempt from such disclosure by state or federal law.

AUTHORIZED SIGNATURE

DATE

TITLE